

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10568361

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT					
	IND.		DEP.		IND.			IND.		DEP.		IND.		DEP.			
	1	/	/	/	/	/		51									
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TOTAL IND.		↓		↓		↓		TOTAL IND.		↓		↓		↓			
TOTAL DEP.		←	17	←		←		TOTAL DEP.		←		←		←			
TOTAL CLAIMS			18					TOTAL CLAIMS									

BEST AVAILABLE COPY